

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/088007

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/		/		/								
2	/		/		/								
3	/		/		/								
4	/		/		/								
5	/		/		/								
6	/		/		/								
7	/		/		/								
8	/		/		/								
9	/		/		/								
10	/		/		/								
11	/		/		/								
12	/		/		/								
13	/		/		/								
14	/		/		/								
15	/		/		/								
16	/		/		/								
17	/		/		/								
18	/		/		/								
19	/		/		/								
20	/		/		/								
21	/		/		/								
22	/		/		/								
23	/		/		/								
24	/		/		/								
25	/		/		/								
26	/		/		/								
27	/		/		/								
28	/		/		/								
29	/		/		/								
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	2		3		4								
TOTAL DEP.	22		22		22								
TOTAL CLAIMS	24		25		26								

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS